## PATENT APPLICATION FEE DETERMINATION RECORD Exercise December 8, 2004

Application or Docket Number 10/53320/

| CLAIMS AS FILED - PART I  |  |   |  |  |                                       |         | SMALL ENTITY       |                        |                            | OTHER THAN          |                        |
|---|--|---|--|--|---------------------------------------|---------|--------------------|------------------------|----------------------------|---------------------|------------------------|
|   |  |   | (Column 1)   |  | (Column 2)                            |         | TYPE               |                        | OR                         | SMALL ENTITY        |                        |
| U.S. NATIONAL STAGE FEES  |  |   |  |  |                                       | 11      | RATE               | FEE                    |                            | RATE                | FEE                    |
| BASIC FEE .   |  |   | SMALL ENT. = \$  | 150 'L                                     | ARGE ENT. = \$ 300                    | 11      | BASIC FEE          |                        | OR                         | BASIC FEE           | 300                    |
| EXAMINATION FEE   |  |   | Satisfies PCT Article (4) = \$50/\$1                           |  | I other situations = .\$ 100 / \$ 200 |         | EXAM. FEE          |                        |                            | EXAM FEE            | 200                    |
| SEARCH FEE  |  |   | U.S. is iSA = \$ 50 /<br>ALL other countrie<br>\$ 200 / \$ 400 | · · · · · · A                              | 8 other situations = \$ 250 / \$ 500  |         | SEARCH FEE         |                        |                            | SEARCH FEE          | 400                    |
| FEE FOR EXTRA SPEC. PGS.  |  |   | minus 1  | 00 =                                       | / 50 <b>=</b>                         | $\prod$ | X \$ 125 =         |                        |                            | X \$ 250 =          | 1                      |
| TOTAL CHARGEABLE CLAIMS   |  |   | // minus   | 20 = .                                     | /                                     | 1       | X \$ 25 =          |                        | OR                         | X \$ 50 =           | /                      |
| INDEPENDENT CLAIMS  |  |   | 2 minus  | s 3 = .                                    | /                                     | 1 [     | X \$ 100 =         |                        | OR                         | X \$ 200 =          | 1                      |
| MUI   | TIPLE DEPEN                                    | DENT CLAIM PR                             | ESENT  |  |                                       | 1 [     | + \$ 180 =         |                        | OR                         | + \$ 360 =          | 1                      |
| If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |  |  |                                       |         | TOTAL              |                        | OR                         | TOTAL               | 910                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |  |   |  |  |                                       | 3 6     | SMALL E            | NTITY                  | OTHER THAN OR SMALL ENTITY |                     |                        |
| AMENDMENT A   | 4/24/07  | REMAINING<br>AFTER<br>AMENDMENT           | F  | NUMBER<br>REVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA                      |         | RATE               | ADDI-<br>TIONAL<br>FEE | :                          | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | • 7                                       | Minus **   | 20   | = /                                   |         | X \$ 25 =          |                        | OR                         | X \$ 50 =           | 1                      |
|   | Independent                                    | ・チ  | Minus ' ***  | 3  | -                                     |         | X \$ 100 =         |                        | OR                         | X \$ 200 =          | / \                    |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |  |                                       |         | + \$ 180 =         |                        | OR                         | + \$ 360 =          |                        |
|   |  |   |  | •  |                                       | ٦       | FEE                | 7                      | OR                         | FEE FEE             | ,                      |
|   |  | (Column 1)                                |  | (Column 2)                                 | (Column 3)                            |         |                    |                        |                            |                     |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENOMENT | P  | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                      |         | RATE               | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus **   |  | =                                     |         | X \$ 25 =          |                        | OR                         | X \$ 50 =           |                        |
|   | Independent                                    |   | Minus ***  |  | o o                                   |         | X \$ 100 =         |                        | OR                         | X \$ 200 =          |                        |
|   | FIRST PRES                                     | ENTATION OF M                             | ULTIPLE DEPENDI  | ENT CLAIR                                  | v 🔲                                   |         | + \$ 180 =         |                        | OR                         | + \$ 360 =          |                        |
| ,   |  |   |  |  |                                       |         | OTAL ADDIT.<br>FEE |                        | OR                         | TOTAL ADDIT.<br>FEE |                        |
|   |  |   | •  |  |                                       | •       |                    |                        |                            |                     |                        |
| a If the entry in column 1 is less than the entry in column 2, write "0" in column 3. b If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". b The "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |  |  |                                       |         |                    |                        |                            |                     |                        |